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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ellection of information unless it displays a valid OMB control number. Paperwork Reduction Act of 1995, no persons are required to respond to Application Number 10/770.435 TRANSMITTAL Filing Date February 3, 2004 First Named Inventor **FORM** Art Unit 2816 Examiner Name Luu, A. (to be used for all correspondence after initial filing) Attorney Docket Number RAMB-01015US1 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Change of Correspondence Address Status Letter Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): **Postcard** Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Kirk J. DeNiro, Esq., Vierra Magen Marcus Harmon & DeNiro LLP Signature Printed name Kirk J. DeNir6 Date Reg. No. September 16, 2005 35,854 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date | September 16, 2005 Kirk J. DeNiro Typed or printed name

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

FEE TRANSMITTAL FOR FY 2005    Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    METHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    MUTHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    MUTHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    MUTHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    MUTHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    MUTHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    MUTHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    MUTHOD OF PAYMENT   (\$) 1,020.00   Attorney Docket No.   RAMB-01015US1    MUTHOD OF PAYMENT   (\$) 1,020	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the generous Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number								
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FIRST Named Inventor    Applicant claims small entity status. See 37 CFR 1.27     TOTAL AMOUNT OF PAYMENT   (\$) 1,020.00     Art Unit 2816					Application Number 10/770,435				
Applicant claims small entity status. See 37 CFR 1.27     TOTAL AMOUNT OF PAYMENT (\$) 1,020.00     Attorney Docket No.   RAMB-01015US1					Filing Date February 3, 2004				
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Art Unit   2816					Examiner Name	∍ Lu	Luu, A.		
METHOD OF PAYMENT (check all that apply)  ✓ Check	Applicant claims small entity status. See 37 GFR 1.27				Art Unit	28	2816		
Check	TOTAL AMOUNT OF PAYMENT (\$) 1,020.00 Attorney Docks						AMB-01015US1		
For the above-identified deposit account, Number 501826 Deposit Account Name: Hammon & DeNiro II P  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  I charge fee(s) indicated below, except for the filling fee  Examination and the fault on the filling fee  Examination and the fee fee fee fee fee fee fee fee fee f	METHOD OF PAYMENT (check all that apply)								
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Vierra Magen Marcus								
Charge any additional fee(s) or underpayments of fee(s)   ✓ Credit any overpayments	— · · · · · · · · · · · · · · · · · ·								
WARNING: Information and information provide credit card information aboutd not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
NARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION									
The content of the	warder 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
BASIC FILING, SEARCH, AND EXAMINATION FEES   Small Entity   Fee (\$)   Fee									
Application Type									
Note   Paper				EXAMIN					
Utility   300   150   500   250   200   100   100   Design   200   100   100   50   130   65	Application Type			Fee (\$)		Fee (\$)		Fees Paid (\$)	
Plant   200   100   300   150   160   80	Utility	300							
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  - 20 or HP =	Provisional	200	100	0		0			
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof for each additional 50 or fracti									
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x =   4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 3 mo. ext. of time  200 100  Multiple Dependent Claims  Multiple Dependent Claims  Multiple Dependent Claims  Multiple Dependent Claims  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Fee Paid (\$)  Fees Paid (\$)  1,020.00									
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 =									
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egistration No. 35,854 Telephone 415-369-9660 Signature (Attorney/Agent) Name (Print/Type) Kirk J. DeNiro 9/16/02 Date September 16, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.